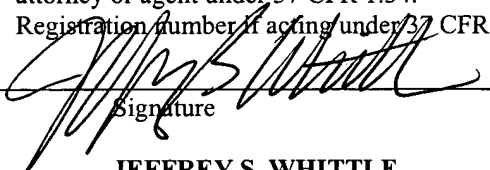


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 12.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> <b>044258.000003</b>																									
<b>Application Number 09/812,704</b>		<b>Filed: MARCH 19, 2001</b>																									
<b>For: METHODS AND SYSTEMS FOR HEALTHCARE PRACTICE MANAGEMENT</b>																											
<b>Art Unit: 3626</b>		<b>Examiner: GILLIGAN, CHRISTOPHER L.</b>																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fees</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ <u>510.00</u></td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$285 the fee is enclosed. A fee of \$225 was submitted on July 15, 2005 for a two-month extension.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to <b>Deposit Account Number 50-0259, Attorney Docket No. 044258.000003.</b></p> <p>I have enclosed a duplicate copy of this sheet. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor. <span style="float: right;">08/30/2005 SDENBOB1 00000046 09812704 02 FC:2253 285.00 OP</span></p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. <b>Registration Number 36,382</b></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p> _____ Signature</p> <p><b>JEFFREY S. WHITTLE</b> _____ Typed or printed name</p> <p><u>8-25-05</u> _____ Date</p> <p><b>713-221-1185</b> _____ Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> form is submitted.</p>					<u>Fee</u>	<u>Small Entity Fees</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>510.00</u>	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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